Each section be complete in order to process the check request. ***Supporting documentation (receipts, invoices, contracts, W-9, etc,) MUST be attached to receive reimbursement.*** Failure to complete all relevant sections will delay reimbursement.

ƺ If payment is for an Illinois Wesleyan student, staff, or faculty member, please put their IWU ID Number: 9 ___ ___ ___ ___ ___ ___ ___ ___

ƺ If payment is not for an Illinois Wesleyan student, staff, or faculty member, please include their mailing address.

Address: _____